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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/927,948	
	Filing Date	August 10, 2001	
	First Named Inventor	Kim P. Viesselmann	
	Group Art Unit	3725	
	Examiner Name	Shelley M. Self	
Total Number of Pages in This Submission	18	Attorney Docket Number	420.004

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
DECLARATION		

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TECHNOLOGY CENTER

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Andrew S. McConnell, Registration No. 32,272 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C.
Signature	
Date	3/11/04

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: March 11, 2004	
Type or printed name	Dawn M. Oleszak
Signature	
Date	March 11, 2004

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FEE TRANSMITTAL

for FY 2004

Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$430.00)

Complete if Known

Application Number 09/927,948
 Filing Date August 10, 2001
 First Named Inventor Kim P. Viesselmann
 Examiner Name Shelley M. Self
 Group Art Unit 3725
 Attorney Docket No. 420.004

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number
 Deposit Account Name

50-1170

Boyle, Fredrickson, Newholm, Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	770	201	385	Utility filing fee	
106	340	206	170	Design filing fee	
107	530	207	265	Plant filing fee	
108	770	208	385	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
22	0	18.00	0
9	5	86.00	430.00

Multiple Dependent

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	86	202	43	Independent claims in excess of 3
104	290	204	145	Multiple dependent claim, if not paid
109	86	209	43	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$430.00)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Paid
105	130	205
127	50	227
139	130	139
147	2,520	147
112	920*	112
113	1,840*	113
115	110	215
116	420	216
117	950	217
118	1,480	218
128	2,010	228
119	330	219
120	330	220
121	290	221
138	1,510	138
140	110	240
141	1,330	241
142	1,330	242
143	480	243
144	640	244
122	130	122
123	50	123
126	180	126
581	40	581
146	770	246
149	770	249
179	770	279
169	900	169

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0)

SUBMITTED BY

Name (Print/Type)	Andrew S. McConnell	Registration No. (Attorney/Agent)	32,272	Telephone	414-225-9755
Signature	<i>Andrew S. McConnell</i>			Date	3/11/04

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